BASIC FEE NUMBER FILED NUMBER	mn 2) SMALL ENTITY	OR OTHER	
BASIC FEE NUMBER FILED NUMBER	- The CIVILLY		
GI OFR LIGHT		OR VINER	THAS
	EXTRA	SMALL E	HTM
TOTAL CLAIMS	RATE FEE		
(37 OFR 1.16(C))		HATE	· FR
MOEPENDENT CLOSUS Minus 20 .			
INDEPENDENT CLAIMS (37 CFR 1.16(b))	1125	OR S	
minus 1 c -	——————————————————————————————————————		=
Man You Const	x i 100	OR x 50.	•
MULTIPLE DEPENDENT CLAIMPRESENT (37 CFR 1 15(4))		OR x . 200	
	190	OR X 3 200	
"If the difference in column 1 is less than zero, enter "0" in column 2.	+5.180	2100	
to less than zero, enter "0" in column 2		OR .360	
Cl Alvia	TOTAL		<u> </u>
CLAIMS AS AMENDED - PART II		OR TOTAL	
- 40 - 1- WIGHT	•		
(Column 1)			
(Colomn 2)	olumn 3)	•	
- COAMS	SMALL ENTITY	OR OTHER THE	
Z 30 00 REMAINING HIGHEST PER NUMBER PER	ESENT	SMALL ENTI	VI
AMENOMENT PREVIOUSLY	KTRA RATE ADDI.	THE SAME	11
≥ Total PAID FOR	FIONAL .	RATE	. 1
O GI CAR (JACH 19 Minus 20	The second secon	1. 110	90
Independent A thinus	1,.25.		e l
MI CHI CON THE CONTRACT OF THE			<del></del>
FRST PRETERVE	1 x s 100	UR XSJU 3	- 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.16		DR K 5200	$\overline{}$
STATE DEPENDENT CLAIM (31 CFR 1.16)	411 + 5 180 -	1	
<u> </u>		DR 1 + 3/2)	
7-2-07	TOTAL ADD'L FEE	1000	1
(Column 1)	1 0	R ADO'L'FEE	
	m 3)	- SOUTEE	
- REMAINING HIGHEST			7
AFTER NUMBER PRE	BA RATE ADDI.		
Total PAID FOR	TIONAL	RATE 400	. 1
DI OFR LIGOR . Minus		ADD TION	
Independent Of Minus	x,25	FEE	
OTOTAL LEGIS 5 =	00		
FIRST PRESENTATION	× 100.		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(4))		x s 200	
(37 CFR 1.19(a))			
$\overline{I}$	TOTAL	+360	1
/	ADO'L FEE	TOTAL	_
(Column 1) (Column 2) (Column 2)	OR	ADD'T FEE A	$-\!$
	. 3)		<b>∸</b>
Attamen		_ •	- 1
AMENDICA PREVIOUSLY EXTE			
Total PAID FOR	TIONAL	RATE ADDI-	- 1
	FEC	FIONAL	ı
Indianata d	1,25	FEE .	1.
Dica field	N SATE OR	x 50 =	$\dashv$
	1 × 5 100		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))	1 00	x , 200	7
TO CHURNICIAIN DICCO	+,180.		1
(3) CFR (. (6(d))	1 1 3 10 0 2 1 1	. 360	7
		1 4 - 10(1) 1	
# the entert	TOTAL OR		1
# the entry in column 1 is less than the entry in column 2	TOTAL OR	FOTAL	-
If the entry in column 1 is less than the entry in column 2, write 10° in column 1 is less than the entry in column 2, write 10° in column 1 is the Highest Number Previously Paid For IN THIS SPACE is less than the Highest Number Previously Paid For (IN THIS SPACE is less than the Highest Number Previously Paid For (Total or Independent is the liketion of Information Is seen.	TOTAL OR OR		-

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter '20'.

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'.

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 15 U.S.C. 122 and 17 CFR 1.14. This collection is estimated to take 10 minutes including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case to complete, which some analysis suggestions for returning this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, R.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS